

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 09750438	FILING DATE 02/09/01					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11	1	1					61					
12		1					62					
13		1					63					
14	1						64					
15		1					65					
16	1	1					66					
17		1					67					
18		1					68					
19		1					69					
20		1					70					
21		1					71					
22		1					72					
23		1					73					
24		1					74					
25		1					75					
26		1					76					
27		1					77					
28	1						78					
29		1					79					
30	1	1					80					
31		1					81					
32		1					82					
33		1					83					
34		1					84					
35		1					85					
36		1					86					
37		1					87					
38	1						88					
39		1					89					
40	1	1					90					
41		1					91					
42	1						92					
43	1						93					
44		1					94					
45		1					95					
46		1					96					
47		1					97					
48		1					98					
49		1					99					
50		1					100					
TOTAL IND.	10	10	10	10	10	10	TOTAL IND.	10	10	10	10	10
TOTAL DEP.	34	34	34	34	34	34	TOTAL DEP.	34	34	34	34	34
TOTAL CLAIMS	44	44	44	44	44	44	TOTAL CLAIMS	44	44	44	44	44